


 भारत सरकार  
 Government of India


 पवन कुमार मेलन  
 Pawan Kumar Melan  
 जन्म तिथि : DOB : 15/03/1982  
 पुरुष / Male



5833 6845 8791

आधार - आम आदमी का अधिकार


 भारत सरकार  
 Unique Identification Authority of India

पता : S/O. राजू पट्ट, बरगिडा बा.  
 सा. मंडल, कावेडा, बल्लिचर, डीएच  
 राजस्थान, 313001

Address: S/O. Raju Padu, Baragida Ba.  
 Sak. Mandal, Kawada, Ballichar, DCH  
 Rajasthan, 313001

5833 6845 8791





पत्रांक

9829 450 752

  
 Rajasthan Diagnostic &  
 Medical Research Centre  
 Jhunjhunu





# RAJSTHANI DIAGNOSTIC & MRI CENTRE

## FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	PAWAN KUMAR MEENA	AGE-	SEX: M
REF/BY:	MEDIWHEEL HEALTH CHECKUP	DATE	4-Feb-24

### ULTRASONOGRAPHY WHOLE ABDOMEN

**Liver:** is enlarged in size 16.8 cm, shape and mild to moderate bright and altered echotexture with surface irregularity. No IHBR dilatation is seen. No focal mass seen. Portal vein and hepatic veins are normal in diameter. Common bile duct is normal in diameter and lumen is clear. Few periportal lymph nodes largest measuring approx 22x10 mm is seen.

**Gall bladder:** is Contracted.

**Pancreas:** is normal in size, shape and echotexture. No focal mass or lesion is detected. Pancreatic duct is not dilated.

**Rt. Kidney:** is normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. No evidence of definite calculus/ hydronephrosis is seen.

**Lt. Kidney:** is normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. No evidence of definite calculus/ hydronephrosis is seen.

**Spleen:** is normal in size, regular in shape and echo texture. No focal lesion is seen. Splenic vessels are normal.

**Urinary Bladder:** is well distended. Outline of bladder is regular. Wall thickness is normal. No focal mass is seen. No echogenic shadow suggestive of calculus is seen.

**Prostate:** is normal in size, regular in shape and outline. Capsule is intact.

No evidence of ascites is seen. No obvious bowel pathology is seen. Retroperitoneum including aorta, IVC are unremarkable.

### IMPRESSION:

- ❖ Grade II fatty liver with parenchymal changes.

Advised: LFT, clinicopathological correlation

**DR. ANUSHA MAHALAWAT**  
MD RADIODIAGNOSIS

Dr. Anusha Mahalawat  
MD (Radiodiagnosis)  
(RMC. 38742/25457)



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Name: Pawan Kumar Meena -  
Patient ID: Robe7718

04.02.2024 11:48:09  
Standard 12-Lead

Rajasthan Diagnostic & Ref Centre  
8-110 Subhash Marg Indira Nagar, Mandawa Road  
Jaipur (Raj.)

Date of birth: 15.03.1982  
Gender: Male  
Height: 1.75 cm  
Weight: 62 kg  
Ethnicity: Undefined  
Facemaker: Jinhooon

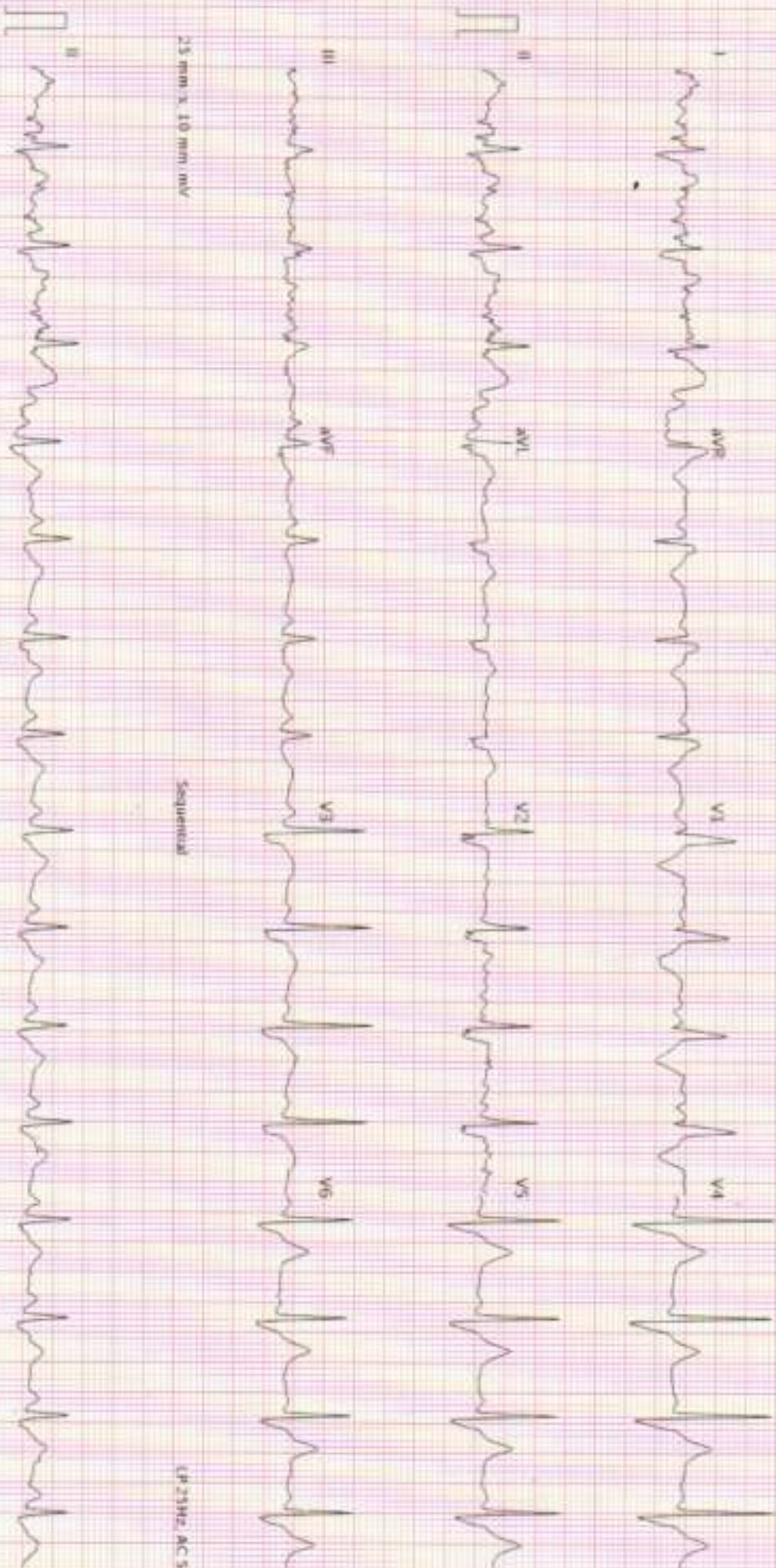
Visit ID: Center  
Room: Center  
Medication: Center  
Order ID: Center  
Ord. prov.: Center  
Ord. prod.: Center

HR: 92 bpm  
P axis: 55  
QRS axis: 70  
T axis: 27  
PR: 119 ms  
QR: 140 ms  
QT: 138 ms  
QTcB: 159 ms  
QTcF: 445 ms

Sinus rhythm  
Normal electrical axis  
Right bundle branch block  
Right ventricular hypertrophy with repolarization abnormality  
Abnormal ECG  
Unconfirmed report

Indication:  
Remark:

Abnormal



25 mm x 10 mm mv

Sequential

LP 25Hz AC 50Hz

25 mm x 10 mm mv

LP 25Hz AC 50Hz



MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MEMOGRAPHY

NAME : PAWAN KUMAR MEENA	AGE 41 /SEX M
REF. BY : BOB HEALTH CHECK-UP	DATE: 04.02.2024

## X-RAY CHEST PA

- Both lung fields appear normal in under view
- No e/o consolidation or cavitations is seen.
- Both costo-phrenic angles appear clear.
- Cardiac size is within normal limits.
- Both domes of diaphragm appear normal.
- Bony thoracic cage & soft tissue shadow appear normal.

IMPRESSION :- NORMAL X-RAY CHEST (PA)

DR. ANUSHA MAHALAWAT

MD (RADIOLOGIST)

RMC - 38742/25457  
 Dr. Anusha Mahalawat  
 MD (Radiodiagnosis)  
 (RMC. 38742/25457)



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NAME : PAWAN KUMAR MEENA	AGE 41 /SEX M
REF. BY : BOB HEALTH CHECK-UP	DATE: 04.02.2024

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**IMPRESSION :- NORMAL X-RAY CHEST (PA)**

DR. ANUSHA MAHALAWAT

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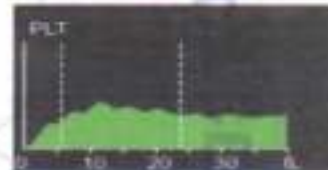
## Hematology Analysis Report

First Name: PAWAN KUMAR  
Last Name: MEENA  
Gender: Male  
Age: 41 Year

Sample Type:  
Department:  
Med Rec. No.:

Sample ID: 15  
Test Time: 04/02/2024 13:24  
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	9.41	4.00-10.00	10 <sup>3</sup> /uL
2 Neu%	65.0	50.0-70.0	%
3 Lym%	26.4	20.0-40.0	%
4 Mon%	7.7	3.0-12.0	%
5 Eos%	0.5	0.5-5.0	%
6 Bas%	0.4	0.0-1.0	%
7 Neu#	6.12	2.00-7.00	10 <sup>3</sup> /uL
8 Lym#	2.48	0.80-4.00	10 <sup>3</sup> /uL
9 Mon#	0.72	0.12-1.20	10 <sup>3</sup> /uL
10 Eos#	0.05	0.02-0.50	10 <sup>3</sup> /uL
11 Bas#	0.04	0.00-0.10	10 <sup>3</sup> /uL
12 RBC	4.23	3.50-5.50	10 <sup>6</sup> /uL
13 HGB	11.9	11.0-16.0	g/dL
14 HCT	41.7	37.0-54.0	%
15 MCV	98.6	80.0-100.0	fL
16 MCH	28.1	27.0-34.0	pg
17 MCHC	28.5	L 32.0-36.0	g/dL
18 RDW-CV	13.0	11.0-16.0	%
19 RDW-SD	53.5	35.0-56.0	fL
20 PLT	32	L 100-300	10 <sup>3</sup> /uL
21 MPV	10.5	6.5-12.0	fL
22 PDW	15.3	9.0-17.0	%
23 PCT	0.034	L 0.108-0.282	%
24 P-LCR	43.2	11.0-45.0	%
25 P-LOC	14	L 30-90	10 <sup>3</sup> /uL



Dr. Mamta Khuteta  
M.D. (Path.)  
RMC No 4720/16260

Submitter: Operator: admin Approver:  
Draw Time: 04/02/2024 13:24 Received Time: 04/02/2024 13:24 Validated Time:  
Report Time: 04/02/2024 14:20 Remarks:

\*The Report is responsible for this sample only. If you have any questions, please contact us in 24 hours



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Patient Name: **PAWAN KUMAR MEENA**  
 Sr. No. : 1112  
 Patient ID No.: 1827  
 Age : 41 Gender : MALE  
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 04-02-2024 12:21 PM  
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 Bar Code   
 LIS Number 7 7 5 0

## LIPID PROFILE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol (Method: CHOD-PAP)	176.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High; >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	58.00	mg/dL	35-88
Triglycerides (Method: GPO)	141.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglyceridemic: 200-499 Very high: >499
LDL Cholesterol	89.80	mg/dL	0-100
VLDL Cholesterol	28.20	mg/dL	0-35
TC/HDL Cholesterol Ratio	3.03	Ratio	2.5-5
LDL/HDL Ratio	1.55	Ratio	1.5-3.5

### LIPID PROFILE COMMENTS:

All above biological reference interval/ranges are in accordance to the recommendations of The National Cholesterol Education Program (NCEP) Adult Treatment Panel III

(ATP III) Guidelines providing the most desirable targets of various circulating lipid fractions in the blood

Lipid level assessments must be made following 12 hours of fasting otherwise assay results might lead to erroneous interpretation

NCEP recommends the assessment of 3 different samples drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays

Therapeutic target levels of lipids as per NCEP - ATP III recommendations:

Total Cholesterol (mg/dL) <200 - Desirable 200-239 -Borderline high <240 - High

HDL Cholesterol (mg/dL), <40 - Low >60 - High

LDL Cholesterol (mg/dL) <100 Optimal

[ Primary Target of Therapy ] 100-129 Near optimal/above optimal

130-159 Borderline high

160-189 High

>190 Very high

Serum Triglycerides (mg/dL) <150 Normal

150-199 Borderline high

  
 Dr. Ashish Sathi  
 Consultant Biochemist

  
 Dr. Mamta Khuteta  
 M.D.(Path.)  
 RMC No. 4720/16260



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8-110 Subhash Marg, Indira Nagar, Jaipur (Raj) Ph. No. 1592-294977





# RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE


Fully Computerised Pathology Laboratory

**MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY**


MC - 5348

Patient Name: **PAWAN KUMAR MEENA**  
 Sr. No. : 1112  
 Patient ID No.: 1827  
 Age : 41 Gender : MALE  
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



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200-499 High

&gt;500 Very high

**NCEP** recommends lowering of LDL Cholesterol as the primary therapeutic target with lipid lowering agents, however, if triglycerides remain > 200 mg/dL after LDL goal is

reached, set secondary goal for non-HDL cholesterol (total minus HDL) 30 mg/dL higher than LDL goal.

Comparison of LDL Cholesterol and Non-HDL Cholesterol Goals for Three Risk Categories

Risk Category LDL Goal (mg/dL) Non-HDL Goal (mg/dL)

CHD and CHD Risk Equivalent <100 <130

(10-year risk for CHD >20%)

Multiple (2+) Risk Factors and <130 <160

10-year risk <20%

0-1 Risk Factor <160 <190

**Low HDL** levels are an independent risk factor for occurrence of coronary artery disease

When Triglyceride level is > 400 mg/dL, Friedewald Equation is not applicable for calculation of LDL & VLDL. Hence the calculated values are not provided for such samples.

## HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	16	mm/hr	20
BLOOD GROUPING (ABO & Rh)	O+ Positive		

*Ashish Sethi*

Ashish Sethi  
 Consultant Biochemist

*Mamta Khuteta*

Dr. Mamta Khuteta  
 M.D.(Path.)  
 RMC No. 4720/16268



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# RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

Fully Computerised Pathology Laboratory

**MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY**


Patient Name: **PAWAN KUMAR MEENA**  
 Sr. No. : 1112  
 Patient ID No.: 1827  
 Age : 41 Gender : MALE  
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



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 LIS Number 3 7 8 0

## HAEMATOLOGY

### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	5.40	%	< 5.50 Non-Diabetic 5.50 - 7.00 Very Good Control 7.10 - 8.00 Adequate Control 8.10 - 9.00 Suboptimal Control 9.10 - 10.00 Diabetic Poor Control > 10.00 Very Poor Control
eAG (Estimated Average Glucose)	108.28	mg/dL	
eAG (Estimated Average Glucose)	6.01	mmol/L	

Method : Fluorescence Immunoassay Technology

Sample Type : EDTA Blood

Test Performed by:-

Fully Automated (EM 200 ) ERBA MANNHEIM.

#### Remarks :

Glycosylated Hemoglobin Testing is Recommended for both (a) Checking Blood Sugar Control in People who might be Pre-Diabetic. (b) Monitoring Blood Sugar Control in patients in more elevated levels, termed Diabetes Mellitus. The American Diabetic Association suggests that the Glycosylated Hemoglobin Test be Performed atleast Two Times in Year in Patients with Diabetes that are meeting Treatment Goals (and That have stable glycemic Control) and Quarterly in Patients with Diabetes whos therapy has changed or that are not meeting Glycemic Goals.

Glycosylated Hemoglobin measurement is not appropriate where there has been change in diet or Treatment within 6 Weeks. Hence people with recent Blood Loss, Hemolytic Anemia, or Genetic Differences in the Hemoglobin Molecule (Hemoglobinopathy) such as Sickle-cell Disease and other Conditions, as well as those that have donated Blood recently, are not suitable for this Test.

## BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method : GOD-POD)	H 125.00	mg/dL	Glucose Fasting Cord: 45-96 New born, 1d: 40 -60 New born, >1d: 50-80 Child: 60-100 Adult: 74-100 >60 Y: 82-115 >90 Y: 75-121

  
 Ashish Sethi  
 Consultant Biochemist

  
 Dr. Mamta Khutela  
 M.D.(Path.)  
 RMC No. 4720/1626

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9-110, Subhash Marg, Indira Nagar, Jaipur (Raj.) Ph: No. 4592-294977





Patient Name: **PAWAN KUMAR MEENA**  
 Sr. No. : 1112  
 Patient ID No.: 1827  
 Age : 41 Gender : MALE  
 Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



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## BIO-CHEMISTRY Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.: -UV Kinetic)	H 58.00	U/L	5-40
SGPT/ALT(Tech.: -UV Kinetic)	H 62.00	U/L	5-40
Bilirubin(Total) (Method: Diazo)	0.85	mg/dL	Adults: 0-2, Cord < 2 Newborns, premature 0-1 day 1-8, 1-2 days: 6-12, 3-5 days 10-14 Newborns, full term 0-1 day: 2-5, 1-2 days: 6-10, 3-5 days: 4-8
Bilirubin(Direct)	0.22	mg/dL	0-0.3
Bilirubin(Indirect)	0.63	mg/dL	0.1-1.0
Total Protein (Method: BURET Method)	7.01	g/dL	Adults: 6.4 - 8.3 Premature : 3.6 - 6.0 Newborn : 4.6 - 7.0 1 Week : 4.4 - 7.6 7-12 months : 5.1 - 7.3 1-2 Years : 5.6 - 7.5 > 2 Years : 6.0 - 8.0
Albumin	3.98		
Globulin(CALCULATION)	3.03	gm/dL	2.5-4.5
A/G Ratio(Tech.: -Calculated)	1.31		1.2 - 2.5
Alkaline Phosphatase(Tech.: -Pnp Amp Kinetic)	176.00	U/L	108-306

  
 Dr. Ashish Sethi  
 Consultant Biochemist

  
 Dr. Mamta Khutela  
 M.D.(Path.)  
 RMC No. 4720/16200

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 Sr. No. : 1112  
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## THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	0.86	ng/mL	0.5 - 1.5 ng/mL
T4 (Total Thyroxine)	12.19	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone) H	6.27	µIU/mL	0.35 -- 5.50 µIU/mL

Sample Type : Serum

Test Performed by:-

Fully Automated Chemi Luminescent Immuno Assay (ARCHITECT- I1000 PLUS ) Abbott USA

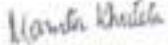
### Remarks :

Primary malfunction of the Thyroid gland may result in excessive (hyper) or Low (hypo) release of T3 or T4. In addition, as TSH directly affect thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity.

Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood, in Primary Hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in Euthyroid sick syndrome, multiple alterations in serum thyroid function test findings have been recognized.

JHUNJHUNU (RAJ.)

  
 24/7  
 Ashish Sethi  
 Assistant Biochemist

  
 Dr. Mamta Khuteta  
 M.D.(Path.)  
 BMC No. 4720/16260



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**MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MEMOGRAPHY**


Patient Name: **PAWAN KUMAR MEENA**  
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## IMMUNOLOGY

Test Name	Observed Values	Units	Reference Intervals
PSA (Prostate-Specific Antigen)	0.13	ng/mL	NORMAL 0 - 4.00 Borderline 4 - 10 High More than 10.00

Method : Fluorescence Immunoassay Technology

Sample Type : Serum / Plasma / Whole Blood

Test Performed by:-

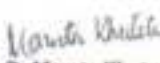
Fully Automated Chemi Luminescent Immuno Assay (ARCHITECT- i1000 PLUS ) Abbott USA

### SUMMARY:-

PSA is localized in the cytoplasm of prostatic ductal epithelium and in secretions of the ductal lumina. Because PSA is a secretory protein of the prostate, it can be recovered and purified both from prostatic tissue and from seminal plasma. PSA has been found to be primarily associated with prostate tissue, and elevated serum PSA has been found in patients with prostate cancer, benign prostatic hypertrophy, and inflammatory conditions. Serum PSA alone is not suitable as a screen for prostate cancer because elevated PSA concentrations are also observed in patients with benign prostatic hypertrophy (BPH), nor is it recommended as a guide in disease staging. The combination of PSA measurement and rectal examination with ultrasonography in the event of abnormal findings may provide a better method of detecting prostate cancer than rectal examination alone. PSA determinations can be useful in detecting metastatic or persistent disease in patients following surgical or medical treatment of prostate cancer.

JHUNJHUNU (RAJ.)

  
 Ashish Sethi  
 24/7  
 Consultant Biochemist

  
 Dr. Mamta Khurda  
 M.D.(Path.)  
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## URINE EXAMINATION URINE COMPLETE

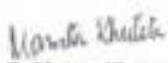
Test Name	Observed Values	Units	Reference Intervals
<b>PHYSICAL</b>			
Quantity		ml	
Colour	Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.025		
PH	5.0		4.5-6.5
<b>CHEMICAL</b>			
Reaction	Acidic		
Albumin	TRACE		
Urine Sugar	Nil		
<b>MICROSCOPIC</b>			
Red Blood Cells	Nil	/h.p.f.	
Pus Cells	4-6	/h.p.f.	
Epithelial Cells	1-2	/h.p.f.	
Crystals	Nil	/h.p.f.	
Casts	Nil	/h.p.f.	
Bactria	Nil	/h.p.f.	
Others	Nil	/h.p.f.	
Test Name	Observed Values	Units	Reference Intervals
URINE SUGAR FASTING	Nil		

&lt;&lt;&lt; END OF REPORT &gt;&gt;&gt;

&gt;&gt;&gt; Results relate only to the sample as received. Kindly correlate with clinical condition. &lt;&lt;&lt;

Note: This report is not valid for medico legal purposes.

  
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 GPS Map Camera

**Jhunjhunu, Rajasthan, India**

B 111 Indira Nagar Poonia residency, Pratap Nagar, Indra Nagar,  
Jhunjhunu, Rajasthan 333001, India

Lat 28.11837°

Long 75.385856°

04/02/24 11:31 AM GMT +05:30

